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TB CARE I

TB CARE I-Nigeria (COP)

**Year 1
Quarterly Report
July-September 2012**

October 30, 2012

Quarterly Overview - COP

| | |
|-------------------------------|----------------------------|
| Reporting Country | Nigeria-COP |
| Lead Partner | KNCV |
| Collaborating Partners | FHI, MSH, WHO |
| Date Report Sent | |
| From | Tushar Ray |
| To | Dr. Temitayo Odusote |
| Reporting Period | July-September 2012 |

| Technical Areas | % Completion |
|-------------------------------------|---------------------|
| 3. Infection Control | 100% |
| 4. PMDT | 85% |
| 5. TB/HIV | 85% |
| 6. Health Systems Strengthening | 100% |
| 7. M&E, OR and Surveillance | 84% |
| | |
| | |
| | |
| Overall work plan completion | 91% |

Most Significant Achievements

The COP 11 funds activities which spanned 5 quarters (April 2011-June 2012) have been utilized. Few activities were however conducted such as supervisory visits and IC training . Additionally, renovations of health facilities that were earlier commenced in previous quarter were completedThe COP 12 workplan has been submitted to the US Mission and is awaiting approval. The obligated sum for COP 12 is \$2,433, 077.

Overall work plan implementation status

The workplan implementation status of 91% is comprised of previous quarters progress as well as the current quarter . Few activities were not conducted by TB CARE I as funding was provided from other sources such as Global Fund, with respect to PMDT and WHO (activity 7.1.1 and 7.1.2)

Technical and administrative challenges

Reporting of data was considerably a challenge during the quarter. The states firstly have to conduct statistical review meetings and thereafter the zonal review meetings take place. Oftentimes the TB CARE I reporting coincides with the review meetings and this poses a great challenge. The situation is further compounded by the recent flooding in riverine areas and the security challenges experienced in some states.

Quarterly Technical Outcome Report - COP

| Technical Area | | 3. Infection Control | | | | | | |
|-------------------|--|---|--|----------|--------|--------|---|---|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target | Result | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
| | | | | | Y1 | Y1 | | |
| 3.1 | Increased number of facilities implementing infection control activities | Number of facilities implementing infection control measures | Number of facilities implementing infection control measures | 50 | 150 | 92 | Only 2 facilities were supported to develop IC plan during the quarter. The annual result presented is for 5 quarters based on workplan | Previously, few staff of facilities were selected for IC training. It was however discovered that the trainings should benefit others staff personnel in the facilities thus it was expanded. This however overstretched the budget for the trainings. Trainings on IC subsequently will be planned to incorporate other stakeholders in the facilities |
| 3.2 | Improved personal protection of staff at the MDR Treatment Center | Proportion of staff working at the MDR Treatment Center wearing respirators | Numerator: Number of staff wearing respirators Denominator: Total number of staff working in the MDR Treatment Center | NA | 100% | NA | As GFATM grant took over activities in the facility TB CARE I no longer received data from the site | There was no targeted supervisory visit to the MDR sites for this purpose through out the year |

| Technical Area | | 4. PMDT | | | | | | |
|-------------------|--|-------------------------|---|----------|--------|--------|--|--|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target | Result | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
| | | | | | Y1 | Y1 | | |
| 4.1 | Increased capacity at the MDR Treatment Center | Number of staff trained | Number of staff trained (disaggregated by gender, training and cadre) | NA | 33 | 90 | No MDR trainings were conducted in the quarter | The gender breakdown for the annual result is 20males and 70 females |

| | | | | | | | | |
|------------|--|---|---|----|----|----|---|--|
| 4.2 | Increased support provided for patients on MDR Treatment | Number of MDR patients on MDR treatment receiving support | Number of MDR patients on MDR treatment receiving medical and socioeconomic support | 23 | 50 | NA | Target for the indicator was based on TB CARE I initial support to DFB for patients on MDR treatment at UCH. GFATM grant took over activities in the facility TB CARE I no longer received data from the site | |
|------------|--|---|---|----|----|----|---|--|

| Technical Area | | 5. TB/HIV | | | | | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|---|---|--|----------|-----------|-----------|--|---|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target Y1 | Result Y1 | | |
| 5.1 | Reduced burden of HIV among TB patients | Proportion of registered TB patients tested for HIV | Numerator: Number of registered TB patients tested for HIV Denominator: Total number of registered TB patients | 86% | 90% | 84% | A total of 3,684 TB patients (M=2137; F=1547) were tested during the quarter of 4150 TB patients counseled for HIV (M=2404; F=1746). Thus total TB patients tested in the quarter is 89% | Numerator for the annual result is 15,614 and the denominator is 18,699 |
| | | Proportion of dually infected patients receiving CPT | Numerator: Number of dually infected patients receiving CPT Denominator: Total number of dually infected patients | 48% | 70% | 70% | A total of 771 patients were co-infected (M=392; F=379). Of these, 615 (M=306; F=309) were placed on CPT (80%). | Numerator for the annual result is 2553 and the denominator is 3,652 |
| | | Proportion of dually infected patients on ART | Numerator: Number of dually infected patients on ART Denominator: Total number of dually infected patients | 39% | 60% | 55.2% | A total of 458 (M=224; F=234) co-infected patients received ART services during the quarter representing 59.4% of all co-infected patients | Numerator for the annual result is 2016 and the denominator is 3,653 |
| | Custom Mission Indicator | Number of service outlets providing treatment for TB to HIV infected individuals (diagnosed or presumed) in a palliative care setting | | 226 | 234 | 326 | Cummulatively, 326 Health facilities are providing TB/HIV services. However not all facilities report data in a given quarter | Staff attrition |
| | Custom Mission Indicator | Number of individuals who received C&T for HIV and received their test results at a USG supported TB service outlet (including | | 30,507 | 38,000 | 59,768 | Only, 80.2% of individuals counseled and tested and received their test results. Total persons C&T during the quarter was 16,217 (M=8,715; F=7502) from a total of 20,225 individuals Counseled (M=10813 | Numerator for annual result is 59,768 and denominator is 79,191 |

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|--|--------------------------|---|--|--------|--------|------------------------|--|--|
| | Custom Mission Indicator | Number of persons trained to provide treatment for TB to HIV infected individuals (diagnosed or presumed) | | NA | 656 | 2,224 (M=1312 ; F=912) | A total of 92 (M=47; F=45) General Health Worker staff were trained during the quarter on Infection control | |
| | Custom Mission Indicator | Number of TB suspects counseled for HIV | | 32,355 | 30,000 | 60,492 | A total of 16,075 (M=8409; F=7,666) suspects were counseled during the quarter | Gender disaggregation for annual data is 32, 325 males and 28, 167 females |
| | Custom Mission Indicator | Number of TB patients counseled for HIV | | 12,330 | 13,000 | 18,699 | A total of 4150 TB patients were counseled during the quarter of which 2,404 were males and 1,746 females | Gender disaggregation for annual data is 10, 968 males and 7,731 females |
| | Custom Mission Indicator | Number of TB suspects who are HIV positive | | 4,343 | 5,000 | 7122 | 1,678 suspects tested positive to HIV during the quarter (M=749; F=929) HIV positivity rate among suspects was 13.4% | Gender disaggregation for annual data is 3,327 males and 3,795 females |
| | Custom Mission Indicator | Number of TB patients who are HIV positive | | 2667 | 4,000 | 3652 | 771 TB patients tested positive to HIV during the quarter (M=392; F=379) HIV positivity rate among patients was 21% | Gender disaggregation for annual data is 1,852 males and 1,800 females |





Technical Area 6. Health Systems Strengthening










| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target Y1 | Result Y1 | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
|-------------------|--|--|--|----------|-----------|-----------|--|--|
| 6.1 | Improved infrastructure for service delivery | Number of DOTS clinics renovated | Number of DOTS clinics renovated | 96 | 150 | 149 | Funding for the activity ended in June | Breakdown of the annual result data is as follows GLRA (43), NLR (75), TLMN (20), DFB (11) |
| 6.2 | Enhanced diagnostic services | Number of lab equipment functional (microscopes/GeneXpert) | Number of lab equipment functional disaggregated by type | 48 | 80 | 89 | Funding for the activity ended in June | Breakdown of the annual result data is as follows GLRA (17), NLR (46), TLMN (16), DFB (10) |



| Technical Area | | 7. M&E, OR and Surveillance | | | | | | |
|-------------------|---------------------------------|---|--|----------|-----------|-----------|--|---|
| Expected Outcomes | | Outcome Indicators | Indicator Definition | Baseline | Target Y1 | Result Y1 | Highlights of the Quarter | Challenges and Next Steps to Reach the Target |
| 7.1 | Improved quality of TB/HIV data | Proportion of sites reporting valid TB/HIV data | Numerator: Number of sites reporting valid TB/HIV data Denominator: Total number of sites visited for DQA | NA | 80% | | Data quality Assessment took place in 6 states.The issues identified during the visits include data discrepancies, non use of appropriate reporting materials, inadequate supervision etc. The health facility staff were mentored on improving quality data. NTP is working to harmonize the reports. | The harmonized report should be available by Q4, 2012 |









Quarterly Activity Plan Report - COP





| 3. Infection Control | | | Lead Partner | Approved Budget | Cumulative Completion | Planned Completion | | Cumulative Progress and Deliverables up-to-date |
|---|-------|--|--------------|-----------------|-----------------------------|--------------------|-----------------------------|---|
| Outcomes | | | | | | Month | Year | |
| 3.1 Increased number of facilities implementing IC activities | 3.1.1 | Organize 1-day IC training at facility level | KNCV | 99.000 | <div><div></div></div> 100% | Sep | <div><div></div></div> 2012 | Infection control training with involvement of all clinic staff (technical and support staff) was organized during the quarter. During the meeting, the rationale for TB infection control in health care setting, different components to put in place for infection control, how to apply the different IC components to prevent infection transmission in Health Facilities and the roles of different health workers in ensuring adherence to infection control plan were extensively discussed. A total of 92 persons were trained (M=47; F=45) In all the health facilities infection control committee were established. Two facilities were also supported to develop infection control plans during the quarter. |
| 3.2 Improved personal protection of staff | 3.2.1 | Procurement of auxiliary drugs and respirators | KNCV | 9.203 | <div><div></div></div> 100% | Jul | <div><div></div></div> 2011 | TB CARE I budget for this activity has been utilized, but DFB is still funding the procurement of these items using other funds leveraged. |
| | | | | | <div><div></div></div> 100% | | | |









| Outcomes | 4. PMDT | | Lead Partner | Approved Budget | Cumulative Completion | Planned Completion | | Cumulative Progress and Deliverables up-to-date |
|--|---------|--|--------------|-----------------|--|--------------------|--|---|
| | | | | | | Month | Year | |
| 4.1 Increased capacity at the MDR Treatment Center | 4.1.1 | Refresher training for nurses at UCH | KNCV | 1.841 |  100% | Sep |  2011 | A- 3 day in-service training was conducted for staff working in the DR TB treatment centers from both UCH and Govt. Chest Hospital (GCH) Jericho, Ibadan on 11th -13th of June, 2012 at Jubilee Conference Centre Oke-Ado, Ibadan with attendance of 30 participants (M-6, F-24).The objectives of the training is to ensure participants understand issues on the diagnosis of DR TB, Follow-up of DR TB patients, Nursing management of DR TB patients and; Counseling and management of Side effects. Lesson learned at the end of the training was the change in behavior of the nurses managing the patients during the follow up visit a week after the training. |
| | 4.1.2 | Training GOPD MOs on management of MDR TB at UCH | KNCV | 515 |  100% | Sep |  2011 | Training was conducted for the resident doctors working in the chest unit on the management of MDR TB at UCH. The training took place from September 23 - 24, 2011. The training has as its objectives: 1) To learn the basic concept of MDR TB 2) mechanisms of drug resistance TB 3) MDR TB management 4) current issues on MDR TB management 5) learn from pilot experiences in MDR TB treatment centre UCH Ibadan and 6) infection control measure in MDR TB treatment centre. A total of 5 doctors (M=1; F=4) were trained. The training methodology consisted of shared day to day experiences with some of the patients from the infectious ward; practical learning and best method approaches in the management of MDR TB patients; feedback from the patient on their understanding of MDR TB. Recommendations from the training include the suggestion to increase the number of participants so that more people can benefit. |



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| | 4.1.3 | Training ward mates on MDR TB and IC at UCH | KNCV | 243 |  | 100% | Sep |  2011 | During the reporting quarter, training was conducted for ward mates on MDR TB and Infection Control. The training took place at UCH on September 15, 2011 and was aimed at helping participants 1) To understand the basic concept of MDR TB; 2) To know the universal precaution 3) To understand infection control measure in DR TB Treatment centre. In all, 9 participants were trained (3 ward maids and 6 hospital assistants, all females. A major challenge was the shortness of time (1 day). It was recommended to conduct refreshers quarterly. |
| | 4.1.4 | Support study tour for staff working in UCH MDR TB ward | KNCV | 38.595 |  | 100% | Mar | 2012 | Three clinical staff at UCH MDR TB ward were supported to go Latvia for clinical attachment on MDR TB care (one male clinician and 2 female nurses). On there return they did a step down discussions on their experiences with all their colleagues in the facility, especially on nursing care & infection control. |
| | 4.1.5 | Support training on SPSS software for nurses | KNCV | 154 |  | 100% | Aug |  2011 | Training was organized for 3 female nurses on SPSS software on 24th of December 2011, in UCH MDR TB Treatment Centre. The training was aimed at introducing the nurses to e-data management and basic analysis using SPSS. The following topics were covered: Introduction to computer, MS word, MS Excel, SPSS and nurse role in e-data management and practical session was organized. It is expected that after training, the nurses will be able to use electronic data management and to be able to compile and analyze the data and eventually use e- |
| 4.2 Increased support provided for patients on MDR Treatment | 4.2.1 | Support transportation MDR TB patients plus 1 family member | KNCV | 3.041 |  | 75% | Dec |  2011 | DFB no longer reports on the activity to TB CARE I because support for the activity is now undertaken by GFATM and the funds are reprogrammed under savings. Funds to be re-programmed would be included in the new modification tracker. |
| | 4.2.2 | Support baseline and monitoring investigations for MDR TB patients | KNCV | 24.324 |  | 75% | Dec |  2011 | |










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| 4.2.3 | Feeding of MDR TB patients on admission | KNCV | 91.216 |  75% | Dec |  2011 |
|--------------|---|------|--------|---|-----|--|



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|--------------|---|------|--------|--|-----|--|
| 4.2.4 | Social support for MDR TB patients on discharge | KNCV | 6.081 |  75% | Jun |  2012 |
| 4.2.5 | Support for transport of sputum for culture | KNCV | 30.831 |  75% | Jun |  2012 |
| 4.2.6 | Quarterly monitoring visits from MDR Treatment Centre | KNCV | 13.751 |  75% | Jun |  2012 |
| 4.2.7 | Support routine MDR surveillance | KNCV | 2.270 |  75% | Mar | 2012 |
| | | | |  85% | | |





| 5. TB/HIV | | Lead Partner | Approved Budget | Cumulative Completion | Planned Completion | | Cumulative Progress and Deliverables up-to-date | |
|---|-------|---|-----------------|-----------------------|--|------|--|-------------------------------|
| Outcomes | | | | | Month | Year | | |
| 5.1 Reduced burden of HIV among TB patients | 5.1.1 | Support QMs of subcommittees of the National TB/HIV Working Group | WHO | 11.376 |  100% | Jan |  2012 | Completed |
| | 5.1.2 | Support National TB/HIV Task Team | KNCV | 62.162 |  0% | Dec |  2011 | Planned for August/September. |

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|--------------|--|------|--------|--|-----|--|--|
| 5.1.3 | Support end term evaluation of National TB/HIV Strategic Framework | WHO | 36.824 |  100% | Mar |  2012 | For the end term evaluation of the National TB/HIV strategic framework, a desk review of all national strategic documents including the recently developed IUATLD document on TB/HIV collaborative activities were reviewed and discussed by key stakeholders in a 4-day workshop. Thereafter, a draft of the strategic TB/HIV framework was developed. |
| 5.1.4 | Support development of new TB/HIV Strategic Framework | WHO | 32.006 |  100% | Mar |  2012 | Completed |
| 5.1.5 | Review TB/HIV and HCT training modules | KNCV | 8.716 |  100% | May |  2011 | Activity completed. |
| 5.1.6 | Organize TOT on TB/HIV collaboration and HCT | KNCV | 40.628 |  100% | Feb |  2012 | The second batch of the TOT on TB/HIV collaboration held this quarter, with 21 participants (M:F 17:4) from 7 states. The objectives of the course were, to describe various ways to ensure effective and high quality training; demonstrate facilitation technique in the training; Identify participants that need follow up and further on the job training and; evaluate the process and outcome of trainings carried out. After the training participants are expected to organize TB/HIV training for GHWCs in their respective States |













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| 5.1.7 | Organize 3Is Training for C&T Centers | KNCV | 31.014 |  100% | Nov |  2011 | The 3Is Training was organized from November 24-25 2011 at the Bayelsa Guest House in Abuja. 23 Participants (16 male / 7 female) from Abia, Nassarawa and Yobe State attended the training. The participants came from the State TBL Control Programme, State HIV/AIDS Control Programme as well as Care and Treatment Centers. The training (developed under the TBCAP project) covered the following subjects: 1) Epidemiology TB 2) Isoniazid Preventive Therapy 3) Intensified TB Case finding 4) Infection Control. At the end of the training the following points of action were agreed on: 1) NTBLCP: supervision of implementation 3Is, ensuring availability of Isoniazid 2) State Teams: support the facilities in developing infection control plans 3) TBCARE I: support follow up visits to the health facilities for effective implementation. |
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| 5.1.8 | Adaptation of modules on diagnosis of sputum smear negative TB | WHO | 23.318 |  100% | Mar |  2012 | The NTBLCP with support from WHO organized a one week meeting from 4th - 9th December to develop a draft DR-TB training modules for building the capacity of GHW and Programme staff; during this meeting a module for diagnosis of smear negative was also adopted by selected members of the team for pre-testing during the training of Medical Officer on Smear Negative TB . |
| 5.1.9 | Organize training on diagnosis of sputum smear negative TB | WHO | 38.252 |  0% | Aug |  2012 | Training on diagnosis of smear negative scheduled for October, 2012. |
| 5.1.10 | Training DOTS staff of TB/HIV collaborative | KNCV | 176.473 |  100% | Jun |  2012 | The training funds have all been utilized. No trainings conducted during the quarter |
| 5.1.11 | Training of lab staff of AFB microscopy and HIV testing | KNCV | 141.876 |  100% | Jun | 2012 | The training funds have all been utilized. No trainings conducted during the quarter |
| 5.1.12 | Training of DOTS staff and LGATBLS on HCT | KNCV | 176.473 |  100% | Jun |  2012 | Completed |








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| 5.1.13 | Support QMs of State TB/HIV Working Groups | KNCV | 71.331 |  75% | Sep |  2012 | <p>Two states (Taraba and Benue) reported the conduct of state TB/HIV working group meetings during the quarter. Objectives of the meeting were:</p> <ul style="list-style-type: none"> - To review TB/HIV activities in the third quarter 2012. - Identify challenges in the collaborations TB/HIV programme implementation and profer solutions to challenges identified. Eleven members of the TB/HIV Technical Working Group were in attendance at the meeting. The meeting noted with appreciation the improvement in collaboration between TB and HIV control programmes and urged all stakeholders to sustain the effort. Most participants are more willing to use the National algorithm in Benue and the programme has made it available to them. Joint supportive supervision visits conducted by the to programmes assisted in addressing challenges of TB/HIV collaboration at PPM and public health facilities in Benue. |
|---------------|--|------|--------|---|-----|--|--|

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|--|---------------|---|------|--------|--|-----|--|---|
| | 5.1.14 | Support TB CARE I pre-implementation workshop for STBLCOs | KNCV | 49.070 |  100% | May | 2012 | This activity was not previously reported by DFB. A 3-day pre-implementation meeting was held on 20th-22nd June at Continental Hotel Oshogbo, Osun State. Main discussion on review of Work plan, Progress report, Data Quality Check and training on supportive supervision. Partners had an understanding of the TB CARE workplan and the reportable indicators |
| | 5.1.15 | Support participation HIV/AIDS Conference | KNCV | 9.216 |  100% | Jul |  2012 | Two participants the WHO TB/HIV focal head for TB CARE I and a the TB/HIV focal lead staff of NTP attended the conference in July 2012 in USA. They presented paper on partners collaboration for effective implementation of TB/HIV activities in Nigeria |
| | | | | |  85% | | | |

| 6. Health Systems Strengthening | | | | | Planned Completion | | | |
|--|-------|---|--------------|-----------------|-----------------------------|-------|-----------------------------|--|
| Outcomes | | | Lead Partner | Approved Budget | Cumulative Completion | Month | Year | Cumulative Progress and Deliverables up-to-date |
| 6.1 Improved infrastructure for service delivery | 6.1.1 | Renovation of DOTS facilities | KNCV | 170.270 | <div><div></div></div> 100% | Mar | <div><div></div></div> 2012 | There was no new renovation initiated in Q3. However, the ongoing renovations in Q2 (2 in Gombe, 1 in Katsina, 2 in Plateau and 1 in Yobe) were completed. |
| 6.2 Enhanced diagnostic services | 6.2.1 | Support distribution of HIV test kits and | WHO | 36.649 | <div><div></div></div> 100% | Mar | <div><div></div></div> 2012 | Completed with TBCARE 1 APA 1 funding. This will however be continued by NASCP with support from WHO in the bilateral USAID funding. |
| | 6.2.2 | Renovation of labs | KNCV | 111.081 | <div><div></div></div> 100% | Mar | <div><div></div></div> 2012 | Completed. |
| | 6.2.3 | Purchase of Cycloserine | KNCV | 5.740 | <div><div></div></div> 100% | Jun | <div><div></div></div> 2011 | This activity leverages funding from activity 4.2.11 in the OP work plan. |
| | | | | | <div><div></div></div> 100% | | | |

| Outcomes | 7. M&E, OR and Surveillance | | Lead Partner | Approved Budget | Cumulative Completion | Planned Month Year | | Cumulative Progress and Deliverables up-to-date |
|-------------------------------------|-----------------------------|--|--------------|-----------------|--|--------------------|--|--|
| | | | | | | | | |
| 7.1 Improved quality of TB/HIV data | 7.1.1 | Stakeholders meeting to develop data collection system NASCP | KNCV | 8.716 |  25% | August |  2012 | The stakeholders meeting was conducted in Lagos in May to assess the gaps and look at the structure. Another meeting was also held in June using the WHO funding . |
| | 7.1.2 | Training SAPC/SACA/LAPC/LACA on data collection in 4 states | KNCV | 113.297 |  25% | August |  2012 | Not done because there was no operational manual for training. There were however preparatory meetings held |
| | 7.1.3 | Procure laptop TB/HIV FP NASCP | KNCV | 1.351 |  100% | Apr |  2011 | A laptop was procured for the NASCP Focal Person within the FMOH. |
| | 7.1.4 | Review and produce TB/HIV referral formats | WHO | 12.629 |  100% | Feb |  2012 | A National TBHIV referral form was adopted for a two way referral system by team from NASCP, NTBLCP and WHO with inputs from partners, which takes into consideration possible reasons for TBHIV referrals(such as CPT, ART, support services etc) with a feed back component of the form to be filled by receiving health facilities and sent back. It was agreed that the TBHIV referral form will be in triplicate. The final form was there after printed with support from GFATM. |
| | 7.1.5 | Joint supervision state TB/HIV Task Teams | KNCV | 6.357 |  100% | Mar |  2012 | Two joint Supervisions were carried out to 2 facilities by TBLS, SACA and SACP representative and IPS in Taraba State.The aim of the visit is to support health workers at TB/HIV unit in implementing the two programs according to national guideline and the objective is to strengthen collaboration between TB and HIV service delivery point of the facility visited. |
| | 7.1.6 | QMs State TB/HIV Task Teams | KNCV | 4.995 |  75% | Mar |  2012 | Ongoing |

| | | | | | | | |
|--------------|-------------------------------|------|---------|--|-----|--|---|
| 7.1.7 | Supervision MAs to States | KNCV | 112.378 |  100% | Sep |  2012 | Visits were paid by the NLR MA to Gombe and Bauchi state during the quarter. The objectives of the visit for the former were a) To assess the progress made in the implementation of TBL activities including TBCARE support as contained in the National strategic plan and the project agreement between the State and NLR.b) To follow up on the level of implementation of the recommendations made during last visit to the state amongst others. A data quality assessment was however undertaken in Bauchi state. Findings from the visit to Gombe revealed a) Good TB/HIV collaboration as almost all TB suspects and patients were screened for HIV in the health facilities visited b) improved quality supervision by the state team and ; c) Renovation of health facilities supported by TBCARE was done satisfactorily. There is also an improvement in the quality of data assessed in Bauchi. |
| 7.1.8 | Supervision States to LGATBLS | KNCV | 80.027 |  100% | Sep |  2012 | 45 supervisory visits were conducted to NLR supported states during the quarter. The objectives of the visits were:- To ensure that TBL activities are conducted in line with the National guidelines; To assess the quality of ongoing TBL activities implemented by LGA TBL Supervisors, To strengthen capacity of the LGA TBL Supervisors through on-the-job training for an improved quality TBL services. The findings revealed that treatment cards were fairly filled correctly and completely; there was improvement in the reporting and management of drugs logistics. Some states however did not submit report as there was no fund for supervision during the quarter under review. |

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|--|---------------|--|------|---------|--|-----|--|---|
| | 7.1.9 | Supervision LGATBLS to facilities | KNCV | 13.622 |  100% | Sep |  2012 | Similarly a total of 155 supervisions were undertaken by the LGTBLS to facilities in the NLR supported states during the quarter. The aims of the visits were to support the GHWs implement TB and TB/HIV activities inline with the National guidelines, follow up the recommendations of previous visits and and provide on the job training to the GHWs. The major findings were:-Availability of drugs in most facilities as well as stock cards; Improvement in the use of Clinic suspect registers, Improvement in patients receiving HCT. There is the need to intensify community awareness in order to increase TB case findin; improve on defaulter management through the use of treatment supporters and ensure the supply of HIV test kits to facilities. |
| | 7.1.10 | Supervision State QA officer to microscopic centers | KNCV | 116.919 |  100% | Sep |  2012 | A total of 46 visits were undertaken during the quarter by the QA officers in NLR supported states. The aim of the visits were to ensure that AFB microscopy are done in line with the National guidelines and SOPs and ; to assess the quality of AFB microscopy through on-site supportive supervision. Major findings during the visits are availability of laboratory reagents; improved IQC in facilities. There is need to however address the issue of incomplete sputum sample submission to laboratories by some TB suspects; improve on sputum turnaround time in the some labs and improve on the use of control slides in all laboratories |
| | 7.1.11 | Procure desktop/printer for Central Office of TB Network | KNCV | 1.351 |  100% | Jul |  2011 | A desktop/printer was procured for the TB Network and installed in the TB CARE I Office in order to allow the TB Network to work whenever they are attending meetings of the National TBL Control Programme or the Global Fund. |
| | | | | |  84% | | | |

Quarterly Photos (as well as tables, charts and other relevant materials) - COP

| Inventory List of Equipment TB CARE I | |
|---------------------------------------|--|
|---------------------------------------|--|

| | |
|------------------------|------------------|
| Organization: | TB CARE I |
| Country: | |
| Reporting date: | |
| Year: | |



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TB CARE I

[illegible]

(1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others

- (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
- (3) Date of invoice
- (4) Total price including any sales tax paid. Use currency on invoice
- (5) Note any sales tax charged
- (6) Address
- (7) Good/fair or bad
- (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
where a recipient compensated TB CARE I for its share. Attach supplementary info